

TC 1118

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>29W</i>	<i>32</i>	<i>10/10</i>
FORMALITY REVIEW	<i>TH</i>	<i>11/18</i>	<i>10-25-01</i>
RESPONSE FORMALITY REVIEW	<i>1-1</i>	<i>10-29</i>	<i>01/02/02</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
" ..... Allowed      I ..... Interference  
(Through numeral)..... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
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12	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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32-  
826  
01-02-02